



Saint Regis Mohawk Tribe  
Child Support Enforcement Unit  
412 State Route 37  
Akwesasne, NY 13655  
Phone: (518) 358-2272

REQUEST FOR REVIEW

CP: \_\_\_\_\_  
NCP: \_\_\_\_\_

Court Case#: \_\_\_\_\_  
IV-D Case#: \_\_\_\_\_

I request that the SRMT CSEU review my child support order. I understand that the review may result in an increase, decrease, or no change in my child support and health insurance orders.

**(Please initial all lines)**

\_\_\_\_ I have enclosed a completed Financial Disclosure Form and provided the other documents necessary for the review.

\_\_\_\_ I understand that the SRMT CSEU works for the best interest of the child (ren) and does not represent the individual interests of either parent.

\_\_\_\_ I understand that the SRMT CSEU appears at a hearing regarding my order, the attorney represents the SRMT CSEU, and does not represent me. Services provided by the SRMT CSEU do not create an attorney-client relationship with me or the other parent.

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Employer name & address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer name & address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who has legal custody of the child (ren)? \_\_\_\_\_

Who has physical custody of the child (ren)? \_\_\_\_\_

Explain any change in circumstances since the last child support order was set: (change in income; change in custody or overnight visitation arrangements; any child turning 21...etc.)

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Does the parent who pays support have other children to support? What are their names and ages, and the amount of child support ordered?

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Do any of these children live with the payer? What are their names and ages?

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Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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IV-D Case#: